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**UNITED STATES BANKRUPTCY COURT**  
**NORTHERN DISTRICT OF ILLINOIS**

In re:

)

Case No.

Debtor(s).

)

Hearing Date:

**ATTORNEY'S APPLICATION FOR COMPENSATION FOR REPRESENTING CHAPTER 13 DEBTOR(S)**

The undersigned attorney seeks compensation pursuant to 11 U.S.C. §330(a)(4)(B) for representing the interests of the debtor(s) in this case.

**Use of Model Retention Agreement:**

- ☐ The attorney and the debtor(s) have entered into the Court's Model Retention Agreement.  
☐ The attorney and the debtor(s) have not entered into the Court's Model Retention Agreement.

**Dismissal of prior case**

- ☐ A Chapter 13 case of the debtor or debtor's spouse was dismissed within one year of this case filing.

**Fees in prior case(s):** ☐ The attorney has not represented the debtor(s) in any prior bankruptcy case.

☐ The attorney has represented the debtor(s) in prior bankruptcy cases as follows:

Case no. \_\_\_\_\_ Chapter \_\_\_\_ Plan confirmed? ☐ Yes ☐ No Fees paid \$ \_\_\_\_\_  
Case no. \_\_\_\_\_ Chapter \_\_\_\_ Plan confirmed? ☐ Yes ☐ No Fees paid \$ \_\_\_\_\_  
Case no. \_\_\_\_\_ Chapter \_\_\_\_ Plan confirmed? ☐ Yes ☐ No Fees paid \$ \_\_\_\_\_

**Fees sought in present case:**

☐ \$ \_\_\_\_\_, for services through plan confirmation. ☐ \$ \_\_\_\_\_, for services through case closing. ☐ \$ \_\_\_\_\_, for services after plan confirmation.

**Expense reimbursement:**

☐ \$ \_\_\_\_\_, for filing fee.  
☐ \$ \_\_\_\_\_, for expenses **itemized on the attached sheet.**

Total reimbursement requested: \$ \_\_\_\_\_.

**Payment received directly from debtor:** ☐ None ☐ \$ \_\_\_\_\_.

**Compensation previously awarded in this case:** ☐ None

☐ a total of \$ \_\_\_\_\_, pursuant to order(s) entered on the following dates:

\_\_\_\_\_.

**Plan payments:** \$ \_\_\_\_\_ for \_\_\_\_\_ months.

**Secured debt:** ☐ None ☐ home mortgage(s) in default ☐ motor vehicle loans  
☐ Other: \_\_\_\_\_.

**Unsecured debt:** \_\_\_\_\_ No. of claims: \_\_\_\_\_ Total amount: \_\_\_\_\_  
To be paid under plan \_\_\_\_\_ %

**Professional time expended:** \_\_\_\_\_ attorney hours; \_\_\_\_\_ paraprofessional hours.

**Itemization of time:** ☐ Not Submitted ☐ Attached to this application.

**Hourly rates:** \$ \_\_\_\_\_ attorney; \$ \_\_\_\_\_ paraprofessional.

**Date of Application:** \_\_\_\_\_

Attorney's signature: \_\_\_\_\_

[Typed name] [Firm name, address, phone #]